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I

110TH CONGRESS
1ST SESSION

H. R. 4082

To improve the quality of, and access to, long-term care.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 6, 2007

Mr. POMEROY (for himself, Mrs. CAPITO, and Mr. ALLEN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To improve the quality of, and access to, long-term care.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Long-term Care Quality and Modernization Act of
6 2007”.

7 (b) TABLE OF CONTENTS.—The table of contents of
8 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—MEDICARE AND MEDICAID MODERNIZATION

- Sec. 101. Demonstration program for joint training of surveyors and providers in nursing facilities.
- Sec. 102. Resumption of nurse aide training program after correction of deficiencies.
- Sec. 103. Authority to exclude high cost and low probability drugs used in the treatment of cancer from the Medicare prospective payment system for skilled nursing facilities.
- Sec. 104. Exclusion of all ambulance services from the Medicare prospective payment system for skilled nursing facilities.
- Sec. 105. Authority to exclude additional items and services from the Medicare prospective payment system for skilled nursing facilities.
- Sec. 106. Payment for blood glucose tests administered as part of a physician, nurse practitioner, or clinical nurse specialist prescribed protocol of blood glucose monitoring.
- Sec. 107. Counting of observation days for purposes of applying the Medicare post-hospital requirement for coverage of skilled nursing facility care.
- Sec. 108. Payment for therapy services.
- Sec. 109. Expansion of telehealth services to skilled nursing facilities.
- Sec. 110. Physical therapy grant program.
- Sec. 111. Long-Term Care Quality Advisory Commission and demonstration projects.

TITLE II—WORKFORCE SUPPORT

- Sec. 201. Nursing loan repayment program.
- Sec. 202. National nursing database.
- Sec. 203. Reports on nursing levels.

TITLE III—TAX INCENTIVES

- Sec. 301. 15-year recovery period for qualified long-term care improvement property.

1 **TITLE I—MEDICARE AND** 2 **MEDICAID MODERNIZATION**

3 **SEC. 101. DEMONSTRATION PROGRAM FOR JOINT TRAIN-** 4 **ING OF SURVEYORS AND PROVIDERS IN** 5 **NURSING FACILITIES.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services (in this section referred to as the “Sec-
8 retary”) shall conduct a demonstration program under
9 which the Secretary, under sections 1819(e) and 1919(e)
10 of the Social Security Act (42 U.S.C. 1395i–3(e),

1 1396r(e)), shall require a State to establish a process for
2 joint training and education of surveyors and providers for
3 skilled nursing facilities and nursing facilities at least an-
4 nually and periodically as changes to regulations, guide-
5 lines, and policy governing nursing facility operations are
6 implemented and used in surveys of participating facili-
7 ties.

8 (b) DEMONSTRATION STATES.—The demonstration
9 program under this section shall be conducted in 5 States.
10 In selecting the States in which to conduct the demonstra-
11 tion program, the Secretary shall ensure that the States
12 vary in geographic location and include States with high
13 levels of deficiencies as well as States with low levels of
14 deficiencies.

15 (c) DURATION.—The Secretary shall conduct the
16 demonstration program under this section for a 2-year pe-
17 riod.

18 (d) WAIVER AUTHORITY.—The Secretary may waive
19 such requirements of titles XI, XVIII, and XIX of the So-
20 cial Security Act as may be necessary for purposes of car-
21 rying out the demonstration program under this section.

22 (e) REPORT.—

23 (1) IN GENERAL.—Not later than 6 months
24 after the completion of the demonstration program

1 under this section, the Secretary shall submit a re-
 2 port to Congress on the project.

3 (2) REQUIREMENTS.—The report submitted
 4 under paragraph (1) shall include—

5 (A) the results of the demonstration pro-
 6 gram as they relate to the rate and type of defi-
 7 ciencies in skilled nursing facilities and nursing
 8 facilities in the States selected under subsection
 9 (b) compared to those States not so selected;

10 (B) an evaluation of added efficiencies or
 11 deficiencies in care for patients in skilled nurs-
 12 ing facilities and nursing facilities that directly
 13 resulted from the demonstration program; and

14 (C) recommendations for such legislation
 15 and administrative action as the Secretary de-
 16 termines appropriate.

17 The results and evaluation under subparagraphs (A)
 18 and (B) shall include an examination of the current
 19 baseline.

20 **SEC. 102. RESUMPTION OF NURSE AIDE TRAINING PRO-**
 21 **GRAM AFTER CORRECTION OF DEFICI-**
 22 **ENCIES.**

23 (a) RESUMPTION OF NURSE AIDE TRAINING PRO-
 24 GRAM FOR SKILLED NURSING FACILITIES.—Section

1 1819(f)(2) of the Social Security Act (42 U.S.C. 1395i-
2 3(f)(2)) is amended—

3 (1) in subparagraph (B)(iii), in the matter pre-
4 ceding subclause (I), by striking “(C) and (D)” and
5 inserting “(C), (D), and (E)”; and

6 (2) by adding at the end the following new sub-
7 paragraph:

8 “(E) RESUMPTION OF NURSE AIDE TRAIN-
9 ING PROGRAM AFTER CORRECTION OF DEFICI-
10 CIENCIES.—Clause (iii)(I) of subparagraph (B)
11 shall not apply to a program offered by or in
12 a skilled nursing facility if the facility has—

13 “(i) corrected any deficiencies that re-
14 sulted in the prohibition of approval of
15 such program; and

16 “(ii) demonstrated compliance with
17 the requirements of subsections (b), (c),
18 and (d) of this section.”.

19 (b) RESUMPTION OF NURSE AIDE TRAINING PRO-
20 GRAM FOR NURSING FACILITIES.—Section 1919(f)(2) of
21 the Social Security Act (42 U.S.C. 1396r(f)(2)) is amend-
22 ed—

23 (1) in subparagraph (B)(iii), in the matter pre-
24 ceding subclause (I), by striking “(C) and (D)” and
25 inserting “(C), (D), and (E)”; and

1 (2) by adding at the end the following new sub-
 2 paragraph:

3 “(E) RESUMPTION OF NURSE AIDE TRAIN-
 4 ING PROGRAM AFTER CORRECTION OF DEFICI-
 5 CIENCIES.—Clause (iii)(I) of subparagraph (B)
 6 shall not apply to a program offered by or in
 7 a nursing facility if the facility has—

8 “(i) corrected any deficiencies that re-
 9 sulted in the prohibition of approval of
 10 such program; and

11 “(ii) demonstrated compliance with
 12 the requirements of subsections (b), (c),
 13 and (d) of this section.”.

14 (c) EFFECTIVE DATE.—The amendments made by
 15 this section shall take effect on January 1, 2008.

16 **SEC. 103. AUTHORITY TO EXCLUDE HIGH COST AND LOW**
 17 **PROBABILITY DRUGS USED IN THE TREAT-**
 18 **MENT OF CANCER FROM THE MEDICARE**
 19 **PROSPECTIVE PAYMENT SYSTEM FOR**
 20 **SKILLED NURSING FACILITIES.**

21 (a) IN GENERAL.—Section 1888(e)(2)(A)(iii) of the
 22 Social Security Act (42 U.S.C. 1395yy(e)(2)(A)(iii)) is
 23 amended—

24 (1) by redesignating subclauses (IV) and (V) as
 25 subclauses (V) and (VI), respectively; and

1 (2) by inserting after subclause (III) the fol-
 2 lowing new subclause:

3 “(IV) Any drugs (not otherwise
 4 described in subclause (II)) used in
 5 the treatment of cancer, including
 6 antineoplastic drugs, antiemetics, and
 7 supportive medications, that the Sec-
 8 retary determines to be appropriate.”.

9 (b) EFFECTIVE DATE.—The amendments made by
 10 subsection (a) shall apply to drugs furnished on or after
 11 October 1, 2008.

12 **SEC. 104. EXCLUSION OF ALL AMBULANCE SERVICES FROM**
 13 **THE MEDICARE PROSPECTIVE PAYMENT SYS-**
 14 **TEM FOR SKILLED NURSING FACILITIES.**

15 (a) IN GENERAL.—Section 1888(e)(2)(A)(iii)(I) of
 16 the Social Security Act (42 U.S.C.
 17 1395yy(e)(2)(A)(iii)(I)) is amended by striking “furnished
 18 to” and all that follows before the period.

19 (b) EFFECTIVE DATE.—The amendment made by
 20 subsection (a) shall apply to services furnished on or after
 21 October 1, 2008.

1 **SEC. 105. AUTHORITY TO EXCLUDE ADDITIONAL ITEMS**
 2 **AND SERVICES FROM THE MEDICARE PRO-**
 3 **SPECTIVE PAYMENT SYSTEM FOR SKILLED**
 4 **NURSING FACILITIES.**

5 (a) **AUTHORITY.**—Section 1888(e)(2)(A) of the So-
 6 cial Security Act (42 U.S.C. 1395yy(e)(2)(A)) is amend-
 7 ed—

8 (1) in clause (i)(II), by striking “and (iv)” and
 9 inserting “(iv), and (v)(I)”; and

10 (2) by adding at the end the following new
 11 clause:

12 “(v) **EXCLUSION OF ADDITIONAL**
 13 **ITEMS AND SERVICES DETERMINED APPRO-**
 14 **PRIATE BY THE SECRETARY.**—

15 “(I) **IN GENERAL.**—Items and
 16 services described in this clause are
 17 any items and services not otherwise
 18 described in clauses (ii), (iii), or (iv),
 19 that the Secretary determines to be
 20 appropriate.

21 “(II) **ANNUAL UPDATE.**—The
 22 Secretary shall annually update the
 23 items and services described in sub-
 24 clause (I) to take into account
 25 changes in the practice of medicine.”.

1 (b) CLARIFICATION.—Items and services described in
2 section 1888(e)(2)(A)(v)(I) of the Social Security Act (42
3 U.S.C. 1395yy(e)(2)(A)(v)(I)), as added by subsection (a),
4 may include items and services furnished in a freestanding
5 clinic to an individual who is a resident of a skilled nursing
6 facility.

7 (c) EFFECTIVE DATE.—The amendment made by
8 subsection (a) shall take effect on October 1, 2008.

9 **SEC. 106. PAYMENT FOR BLOOD GLUCOSE TESTS ADMINIS-**
10 **TERED AS PART OF A PHYSICIAN, NURSE**
11 **PRACTITIONER, OR CLINICAL NURSE SPE-**
12 **CIALIST PRESCRIBED PROTOCOL OF BLOOD**
13 **GLUCOSE MONITORING.**

14 Section 1835(a) of the Social Security Act (42 U.S.C.
15 1395n(a)) is amended—

16 (1) in paragraph (2), in the matter preceding
17 subparagraph (A), by inserting “, or, as provided in
18 the last 2 sentences of this subsection with respect
19 to blood glucose tests, a physician, a nurse practi-
20 tioner, or a clinical nurse specialist,” after “physi-
21 cian”; and

22 (2) by adding at the end the following new sen-
23 tences: “With respect to paragraph (2)(B), a physi-
24 cian, or a nurse practitioner or a clinical nurse spe-
25 cialist in accordance with State law, may certify that

1 a prescribed series of blood glucose tests, furnished
2 over a specified and limited period of time to mon-
3 itor an individual's blood glucose levels, are medi-
4 cally required. For purposes of the preceding sen-
5 tence, neither a physician's, a nurse practitioner's,
6 or a clinical nurse specialist's order for a prescribed
7 series of blood glucose tests nor a physician's, a
8 nurse practitioner's, or a clinical nurse specialist's
9 certification that such tests are medically required
10 constitutes a standing order.".

11 **SEC. 107. COUNTING OF OBSERVATION DAYS FOR PUR-**
12 **POSES OF APPLYING THE MEDICARE POST-**
13 **HOSPITAL REQUIREMENT FOR COVERAGE OF**
14 **SKILLED NURSING FACILITY CARE.**

15 (a) IN GENERAL.—Section 1861(i) of the Social Se-
16 curity Act (42 U.S.C. 1395x(i)) is amended by adding at
17 the end the following: "For purposes of this subsection,
18 an individual shall be treated as an inpatient of a hospital
19 for a day if the individual is staying as an inpatient in
20 the hospital overnight for observation for that day.".

21 (b) EFFECTIVE DATE.—The amendment made by
22 subsection (a) shall apply to observation days occurring
23 on or after the first day of the month beginning more than
24 60 days after the date of the enactment of this Act.

1 **SEC. 108. PAYMENT FOR THERAPY SERVICES.**

2 (a) **EXTENSION OF EXCEPTIONS PROCESS FOR**
3 **MEDICARE THERAPY CAPS.**—Section 1833(g)(5) of the
4 Social Security Act (42 U.S.C. 1395l(g)(5)), as amended
5 by section 201 of the Medicare Improvements and Exten-
6 sion Act of 2006 (division B of Public Law 109–432), is
7 amended by striking “2007” and inserting “2009”.

8 (b) **STUDY AND REPORT.**—

9 (1) **STUDY.**—The Secretary of Health and
10 Human Services, in consultation with appropriate
11 stakeholders, including the national professional as-
12 sociations representing long-term care providers and
13 each therapy discipline (including physical therapy,
14 speech-language pathology, and occupational ther-
15 apy), shall conduct a study or studies to develop uti-
16 lization management alternatives to the Medicare
17 payment cap under section 1833(g) of the Social Se-
18 curity Act (42 U.S.C. 1395l(g)) for physical therapy
19 services and speech-language pathology services, de-
20 scribed in paragraph (1) of such section and occupa-
21 tional therapy services described in paragraph (3) of
22 such section.

23 (2) **CONSIDERATIONS.**—Such study or studies
24 shall—

25 (A) identify, test, and utilize standardized
26 patient assessment instruments that can collect

1 general and discipline-specific data elements, in-
2 cluding rehabilitation diagnosis, age, illness,
3 caregiver support, setting, co-morbidities, and
4 functional status;

5 (B) assure that assessment instruments
6 are compatible with a uniform electronic health
7 record to collect the data and keep discipline-
8 specific data; and

9 (C) utilize such assessment instruments
10 and resulting data to develop a utilization man-
11 agement system that—

12 (i) assures appropriate access to medi-
13 cally necessary services;

14 (ii) employs the use of practice guide-
15 lines,

16 (iii) outcomes tracking and other ap-
17 propriate quality measurement mecha-
18 nisms;

19 (iv) includes, with respect to Medicare
20 reimbursement for outpatient therapy serv-
21 ices, the development of the systems de-
22 scribed in paragraph (3); and

23 (v) applies the extension and the re-
24 finement of an exceptions process and
25 other methods of utilization control, such

1 as the creation of multiple payment classi-
2 fications based on the clinical diagnosis
3 (including comorbidities), setting, rehabili-
4 tation potential, functional status and
5 other patient characteristics; and

6 (D) include a variety of geographic sites
7 and practice settings, including all settings or
8 facilities in which the therapy disciplines fur-
9 nish services under part B of the Medicare pro-
10 gram.

11 (3) SYSTEMS.—The systems described in this
12 paragraph are the following:

13 (A) A utilization management system
14 based on classifying the individual beneficiary's
15 need for therapy.

16 (B) A prospective payment system, includ-
17 ing an episode-based utilization management
18 system, for services described in paragraph (1).

19 (4) REPORT.—Not later than January 1, 2009,
20 the Secretary shall submit to Congress a report on
21 the study conducted under paragraph (1).

22 **SEC. 109. EXPANSION OF TELEHEALTH SERVICES TO**
23 **SKILLED NURSING FACILITIES.**

24 (a) IN GENERAL.—Section 1834(m)(4)(C)(ii) of the
25 Social Security Act (42 U.S.C. 1395m(m)(4)(C)(ii)) is

1 amended by adding at the end the following new sub-
2 clause:

3 “(IV) A skilled nursing facility
4 (as defined in section 1819(a)).”.

5 (b) EFFECTIVE DATE.—The amendment made by
6 subsection (a) shall apply to telehealth services furnished
7 on or after January 1, 2009.

8 **SEC. 110. PHYSICAL THERAPY GRANT PROGRAM.**

9 Subpart 2 of part E of title VII of the Public Health
10 Service Act (42 U.S.C. 295 et seq.) is amended by insert-
11 ing after section 769, the following:

12 **“SEC. 769A. PHYSICAL THERAPY.**

13 “(a) IN GENERAL.—The Secretary may make grants
14 to, and enter into contracts with, programs of physical
15 therapy for the purpose of planning and implementing
16 projects to recruit and retain faculty and students, develop
17 curriculum, support the distribution of physical therapy
18 practitioners in underserved areas, or support the con-
19 tinuing development of these professions.

20 “(b) PREFERENCE IN MAKING GRANTS.—In making
21 grants under subsection (a), the Secretary shall give pref-
22 erence to qualified applicants that seek to educate physical
23 therapists in rural or urban medically underserved com-
24 munities, or to expand post-professional programs for the
25 advanced education of physical therapist practitioners.

1 “(c) PEER REVIEW.—Each peer review group under
2 section 799(f) that is reviewing proposals for grants or
3 contracts under subsection (a) shall include not fewer than
4 2 physical therapists.

5 “(d) REPORT TO CONGRESS.—

6 “(1) IN GENERAL.—The Secretary shall pre-
7 pare a report that—

8 “(A) summarizes the applications sub-
9 mitted to the Secretary for grants or contracts
10 under subsection (a);

11 “(B) specifies the identity of entities re-
12 ceiving the grants or contracts; and

13 “(C) evaluates the effectiveness of the pro-
14 gram based upon the objectives established by
15 the entities receiving the grants or contracts.

16 “(2) DATE CERTAIN FOR SUBMISSION.—Not
17 later than February 1, 2009, the Secretary shall
18 submit the report prepared under paragraph (1) to
19 the Committee on Energy and Commerce and the
20 Committee on Appropriations of the House of Rep-
21 resentatives, the Committee on Health, Education,
22 Labor, and Pensions and the Committee on Appro-
23 priations of the Senate.”.

1 **SEC. 111. LONG-TERM CARE QUALITY ADVISORY COMMIS-**
2 **SION AND DEMONSTRATION PROJECTS.**

3 (a) LONG-TERM CARE QUALITY ADVISORY COMMIS-
4 SION.—

5 (1) ESTABLISHMENT.—Not later than 6
6 months after the date of the enactment of this sec-
7 tion, the Secretary of Health and Human Services
8 (in this section referred to as the “Secretary”) shall
9 establish a commission to be known as the Long
10 Term Care Quality Advisory Commission (in this
11 section referred to as the “Commission”).

12 (2) DUTIES OF COMMISSION.—

13 (A) NATIONAL PLAN.—The Commission
14 shall develop, coordinate, and facilitate imple-
15 mentation of a national plan for long-term care
16 quality improvement. The national plan shall—

17 (i) identify objectives for long-term
18 care quality improvement;

19 (ii) identify strategies to eliminate
20 known gaps in long-term care health sys-
21 tem capacity and improve long-term care
22 quality; and

23 (iii) provide for Federal programs to
24 identify opportunities for strengthening
25 and aligning policies and programs to im-
26 prove long-term care quality.

1 (B) DEMONSTRATION PROJECTS.—The
2 Commission shall design demonstration projects
3 to test alternative models for long-term care
4 quality improvement, including with respect to
5 both personal and population health.

6 (C) MONITORING.—The Commission shall
7 monitor progress toward the objectives identi-
8 fied pursuant to paragraph (1)(A).

9 (3) MEMBERSHIP.—

10 (A) NUMBER.—The Commission shall be
11 composed of 11 members appointed by the Sec-
12 retary.

13 (B) SELECTION.—The Secretary shall se-
14 lect the members of the Commission from
15 among individuals with significant long-term
16 care and health care quality expertise, including
17 expertise in clinical health care, health care
18 quality research, population or public health, re-
19 habilitation care, or consumer organizations.

20 (4) CONTRACTING AUTHORITY.—Subject to the
21 availability of funds, the Commission may enter into
22 contracts and make other arrangements, as may be
23 necessary to carry out the duties described in para-
24 graph (2).

1 (5) STAFF.—Upon the request of the Commis-
2 sion, the Secretary may detail, on a reimbursable
3 basis, any of the personnel of the Administration on
4 Aging, the Agency for Health Care Quality and Re-
5 search, or the Centers for Medicare & Medicaid
6 Services to the Commission to assist in carrying out
7 this subsection.

8 (6) REPORTS TO CONGRESS.—Not later than 1
9 year after the establishment of the Commission, and
10 annually thereafter, the Commission shall submit a
11 report to the Congress on long-term care quality.
12 Each such report shall include the following:

13 (A) An inventory of relevant programs and
14 recommendations for improved coordination and
15 integration of policy and programs.

16 (B) An assessment of achievement of the
17 objectives identified in the national plan devel-
18 oped under paragraph (2) and recommenda-
19 tions for realizing such objectives.

20 (C) Recommendations on Federal legisla-
21 tion, regulations, or administrative policies to
22 enhance long-term care quality and outcomes.

23 (b) LONG-TERM CARE QUALITY DEMONSTRATION
24 PROJECTS.—

1 (1) IN GENERAL.—Not later than 270 days
2 after the date of the enactment of this Act, the Sec-
3 retary, in consultation with the Administration on
4 Aging, the Agency for Healthcare Research and
5 Quality, and the Centers for Medicare & Medicaid
6 Services, shall make grants to eligible entities for 5
7 demonstration projects to implement and evaluate
8 methods for improving the quality of health care in
9 long-term care settings. Each such demonstration
10 project shall include—

11 (A) alternative community models that—
12 (i) will achieve greater integration of
13 personal and population health services;
14 and

15 (ii) address safety, effectiveness,
16 patient- or community-centeredness, timeli-
17 ness, efficiency, and equity (the six aims
18 identified by the Institute of Medicine of
19 the National Academies in its report enti-
20 tled “Crossing the Quality Chasm: A New
21 Health System for the 21st Century” re-
22 leased on March 1, 2001);

23 (B) innovative approaches to the financing
24 and delivery of health services to achieve long-
25 term care quality goals; and

1 (C) development of quality improvement
2 support structures to assist long-term care sys-
3 tems and professionals (such as workforce sup-
4 port structures, quality monitoring and report-
5 ing, clinical care protocols, and information
6 technology applications).

7 (2) ELIGIBLE ENTITIES.—In this subsection,
8 the term “eligible entity” means a consortium
9 that—

10 (A) shall include—

11 (i) at least one health care provider or
12 health care delivery system; and

13 (ii) at least one organization rep-
14 resenting multiple community stakeholders;
15 and

16 (3) CONSULTATION.—In developing the pro-
17 gram for awarding grants under this subsection, the
18 Secretary shall consult with the Administrator of the
19 Agency for Healthcare Research and Quality, long-
20 term care providers, long-term care researchers, and
21 private and non-profit groups (including national as-
22 sociations) which are undertaking similar efforts.

23 (4) EXPEDITED WAIVERS.—The Secretary shall
24 expedite the processing of any waiver that—

1 (A) is authorized under title XVIII or XIX
2 of the Social Security Act (42 U.S.C. 1395 et
3 seq.); and

4 (B) is necessary to carry out a demonstra-
5 tion project under this subsection.

6 (5) DEMONSTRATION PROJECT SITES.—The
7 Secretary shall ensure that the 5 demonstration
8 projects funded under this subsection are conducted
9 at a variety of sites representing the diversity of geo-
10 graphic locations in the Nation.

11 (6) DURATION.—Each demonstration project
12 under this subsection shall be for a period of 4
13 years.

14 (7) INDEPENDENT EVALUATION.—The Sec-
15 retary shall enter into an arrangement with an enti-
16 ty that has experience working directly with long-
17 term care systems for the conduct of an independent
18 evaluation of the program carried out under this
19 subsection.

20 (8) REPORT.—Not later than one year after the
21 conclusion of all of the demonstration projects fund-
22 ed under this subsection, the Secretary shall submit
23 a report to the Congress on the results of such
24 projects. The report shall include—

1 (A) an evaluation of patient access to care,
2 patient outcomes, and an analysis of the cost
3 effectiveness of each such project; and

4 (B) recommendations on Federal legisla-
5 tion, regulations, or administrative policies to
6 enhance long-term care quality and outcomes.

7 (c) APPROPRIATION.—For the purpose of carrying
8 out this section, there is authorized to be appropriated
9 such sums as may be necessary.

10 **TITLE II—WORKFORCE SUPPORT**

11 **SEC. 201. NURSING LOAN REPAYMENT PROGRAM.**

12 Section 846(a) of the Public Health Service Act (42
13 U.S.C. 297n(a)) is amended by striking the last sentence.

14 **SEC. 202. NATIONAL NURSING DATABASE.**

15 (a) IN GENERAL.—The Secretary of Health and
16 Human Services shall provide for the establishment of a
17 national nursing database (including geriatric nursing) to
18 be used to predict future nursing shortages.

19 (b) INFORMATION IN DATABASE.—The database es-
20 tablished under subsection (a) shall be designed to include
21 nursing workforce data across all healthcare provider set-
22 tings, including nursing educators, as determined by the
23 Secretary of Health and Human Services to be appro-
24 priate for use in the analysis of trends in the supply and

1 demand of nurses and to create an educational model to
2 predict future nursing workforce needs.

3 (c) FUNDING.—The Secretary of Health and Human
4 Services may transfer, from amounts appropriated for the
5 National Center for Health Workforce Analysis, such
6 sums as may be necessary to carry out this section.

7 **SEC. 203. REPORTS ON NURSING LEVELS.**

8 Section 806 of the Public Health Service Act (42
9 U.S.C. 296e) is amended by adding at the end the fol-
10 lowing:

11 “(i) REPORTS CONCERNING NURSING LEVELS.—

12 “(1) IN GENERAL.—The entities described in
13 paragraph (2) shall annually submit to the Secretary
14 a report concerning how assistance under this title
15 is being used by such entities to increase the number
16 of nurses, nursing educators, and nurse education
17 enrollment slots (including with respect to geriatric
18 nursing).

19 “(2) ENTITIES DESCRIBED.—An entity is de-
20 scribed in this paragraph if such entity is—

21 “(A) an entity that receives a grant or con-
22 tract under this title;

23 “(B) a school of nursing that receives stu-
24 dent loan funds under this title;

1 “(C) a school of nursing that receives
 2 nurse faculty student loan funds under this
 3 title; and

4 “(D) any other entity that receives assist-
 5 ance under this title.”.

6 **TITLE III—TAX INCENTIVES**

7 **SEC. 301. 15-YEAR RECOVERY PERIOD FOR QUALIFIED** 8 **LONG-TERM CARE IMPROVEMENT PROP-** 9 **ERTY.**

10 (a) IN GENERAL.—Subparagraph (E) of section
 11 168(e)(3) of the Internal Revenue Code of 1986 (relating
 12 to 15-year property) is amended by striking “and” at the
 13 end of clause (vii), by striking the period at the end of
 14 clause (viii) and inserting “, and”, and by adding at the
 15 end the following new clause:

16 “(ix) any qualified long-term care im-
 17 provement property.”.

18 (b) QUALIFIED LONG-TERM CARE IMPROVEMENT
 19 PROPERTY.—Section 168(e) of the Internal Revenue Code
 20 of 1986 (relating to classification of property) is amended
 21 by adding at the end the following new paragraph:

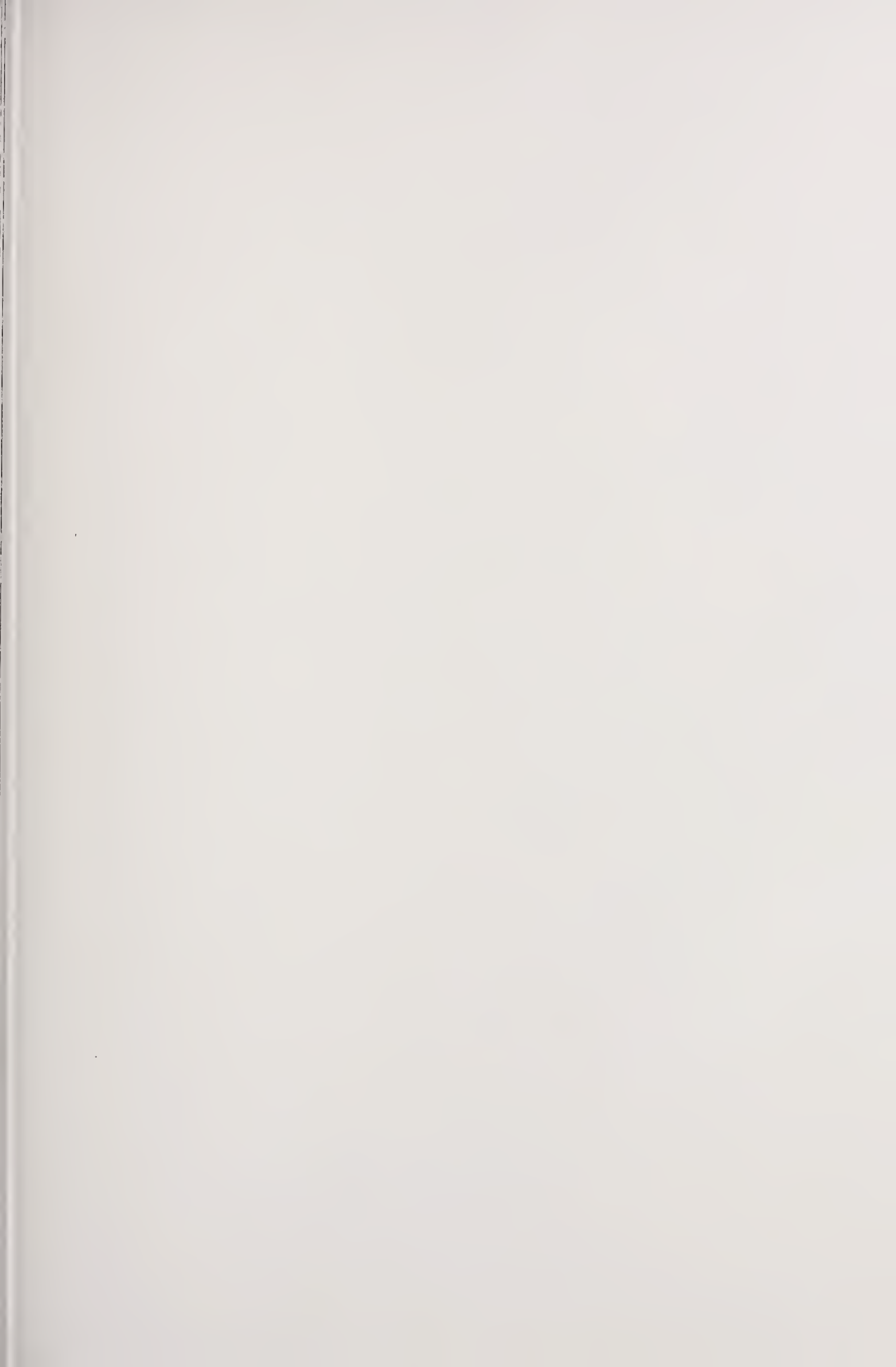
22 “(8) QUALIFIED LONG-TERM CARE IMPROVE-
 23 MENT PROPERTY.—The term ‘qualified long-term
 24 care improvement property’ means any section 1250
 25 property which is an improvement to a building if—

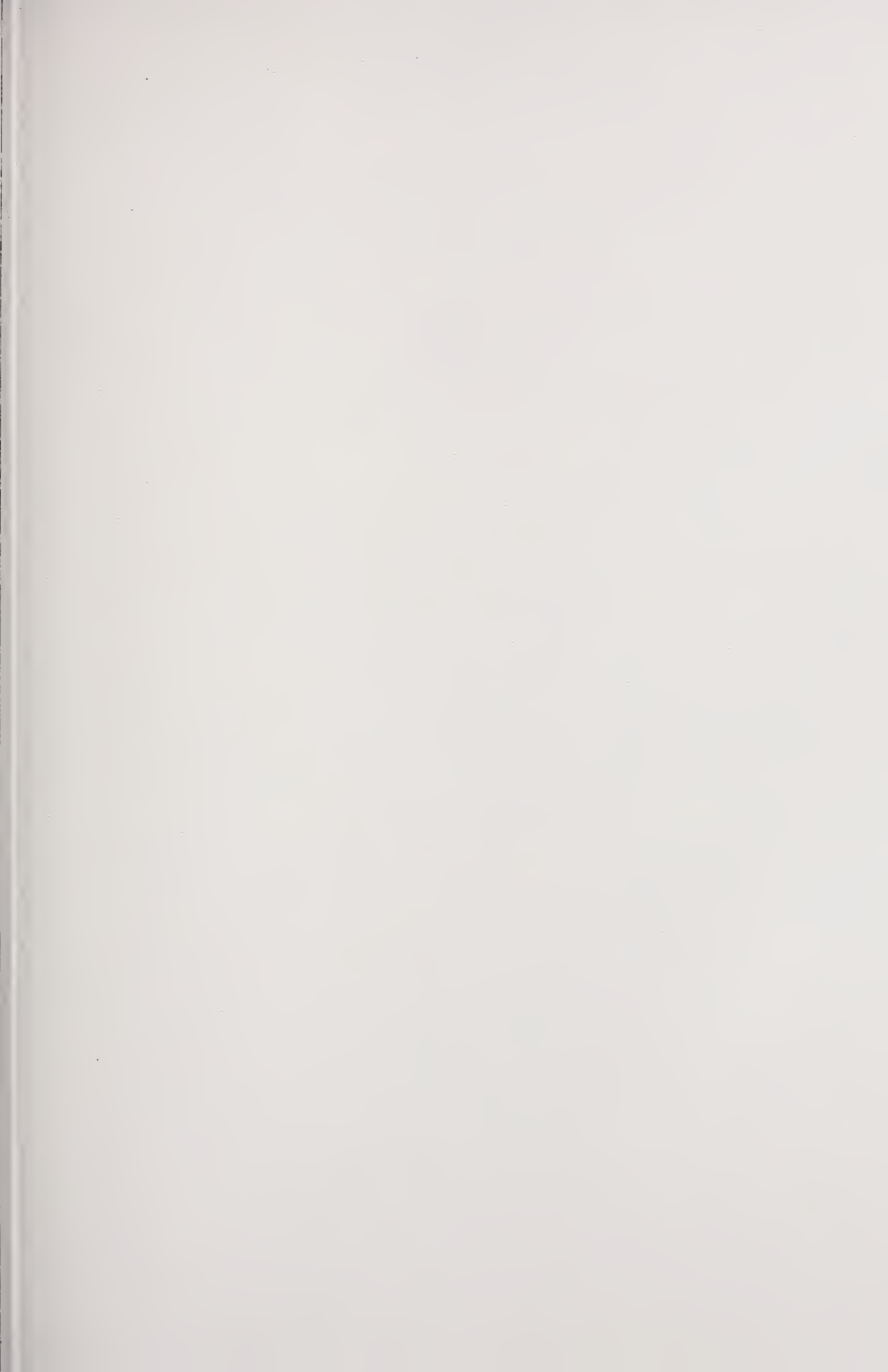
1 “(A) such improvement is placed in service
2 more than 3 years after the date such building
3 was first placed in service, and

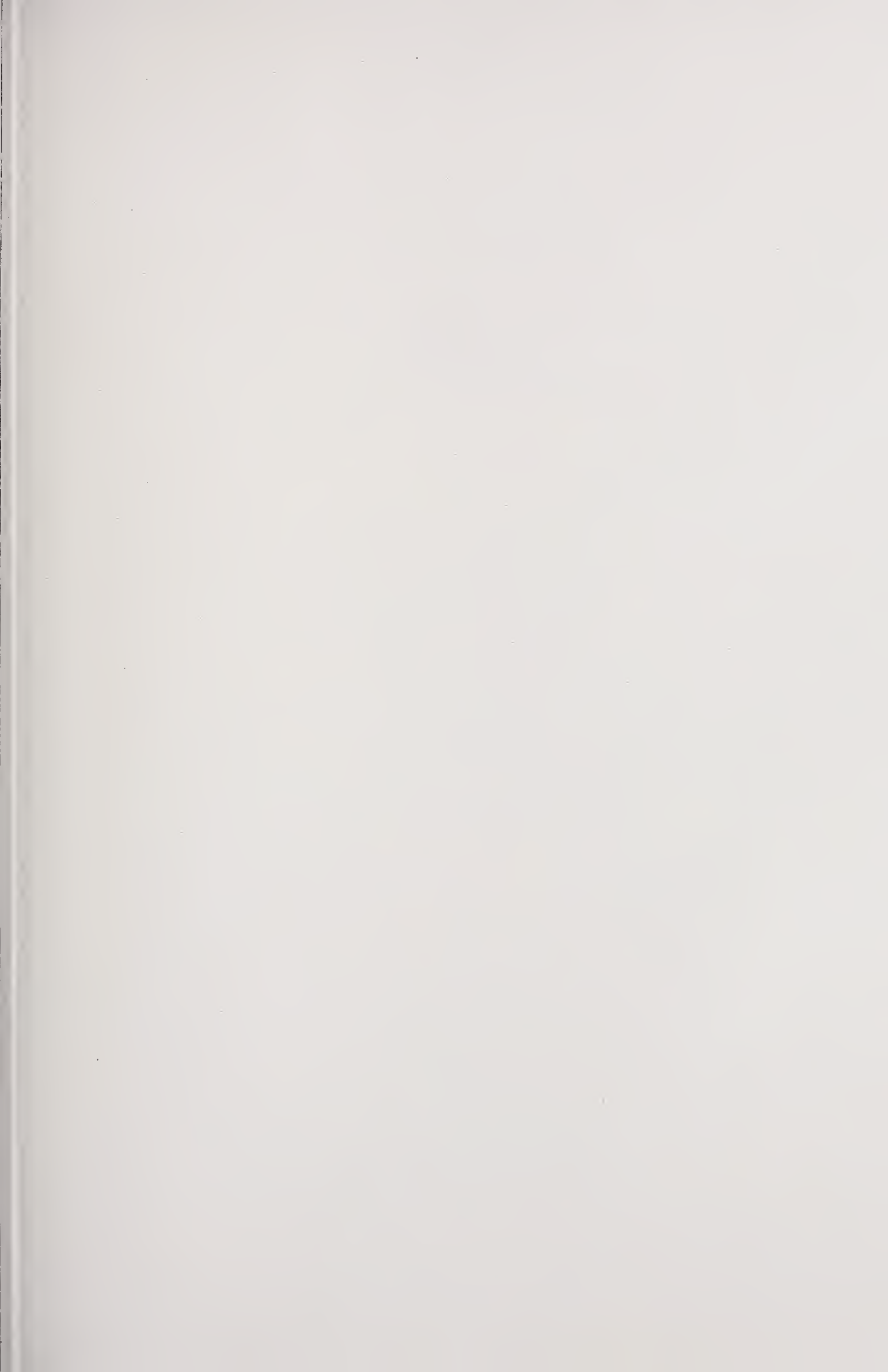
4 “(B) such building is, or is a part of, a
5 nursing facility, residential care facility, inter-
6 mediate care facility for the mentally retarded,
7 or similar facility designed to provide housing
8 and healthcare for the elderly and disabled.”.

9 (c) EFFECTIVE DATE.—The amendments made by
10 this section shall apply to property placed in service after
11 the date of the enactment of this Act.

○







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